

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature

Received by (Printed Name)

C. Date of Delivery
12-07-06

Charlotte Wilson, Class. Specialist
Easterling Correctional Center
200 Wallace Drive
Clio, AL 36017

's delivery address different from item 1? Yes
YES, enter delivery address below: No

Dec 18 2006

1. Article

2. Article Number

(Transfer from service label)

7005 1820 0002 3461 2793

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery
12-07-06

's delivery address different from item 1? Yes
YES, enter delivery address below: No

Dec 18 2006

Patrice Greene, Dir. of Classification
Easterling Correctional Center
200 Wallace Drive
Clio, AL 36017

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Num

(Transfer from service label)

7005 1820 0002 3461 2823

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154